

(for office use)

SS-5033 REV 5/12

KAECSES #: \_\_\_\_\_

Serv Provider: \_\_\_\_\_

## **CHILD SUPPORT SERVICES** **CHILD SUPPORT SERVICES APPLICATION**

You should receive the "[Child Support Services Handbook](#)" with this application form. If you need a copy of the handbook, please request one from your local Department for Children and Families (DCF) office. Please read the handbook before you sign this form.

☐ **FULL SERVICES**      ☐ **LOCATE ONLY**

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**NONCUSTODIAL PARENT'S FULL NAME** (first, middle, last)

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**YOUR FULL NAME** (first, middle, last)

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**YOUR Social Security Number**

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**Date of Birth** (month, day, year)

By signing this form, I confirm that I have read the "[Child Support Services Handbook](#)". I have had an opportunity to ask questions, and I agree to the terms and limitations stated in the "[Child Support Services Handbook](#)".

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Date

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Signed

Sign this form and return it to your local DCF office or submit via email to [cssapplications@dcf.ks.gov](mailto:cssapplications@dcf.ks.gov)

# **CHILD SUPPORT SERVICES**

## **CHILD SUPPORT SERVICES QUESTIONNAIRE**

### **Section One—General Information**

**Section One Instructions:** Complete all questions in Section One. You should receive a copy of the “[Child Support Services Handbook](#)” with this form. If you need a copy of the handbook, please request one from your local DCF office.

**Custodial Parent/Guardian Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Any former names you have used (including maiden name): \_\_\_\_\_

Other names used: \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Your mailing address: \_\_\_\_\_

Telephone number: Home: (\_\_\_\_) \_\_\_\_\_ *Street* *City* *State* *Zip*  
Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_

Have you and/or the child/ren received Public Assistance (cash or TANF) in the State of Kansas?

☐ Yes ☐ No

Have you received Public Assistance (cash or TANF) in another state? ☐ Yes ☐ No

**If yes**, list all state(s) and dates below:

State	Date

State	Date

What is your relationship to the child/ren: \_\_\_\_\_

#### **Child/ren's Information:**

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<small>First Middle Last</small>	<small>M / F</small>		<small>Mo/Day/Yr</small>	<small>First Middle Last</small>
Child's Birthplace City		State	Name of Father listed on Birth Certificate	
<small>City</small>		<small>State</small>	<small>First Middle Last</small>	

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<small>First Middle Last</small>	<small>M / F</small>		<small>Mo/Day/Yr</small>	<small>First Middle Last</small>
Child's Birthplace City		State	Name of Father listed on Birth Certificate	
<small>City</small>		<small>State</small>	<small>First Middle Last</small>	

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State	Name of Father listed on Birth Certificate		
<i>City</i>	<i>State</i>	<i>First Middle Last</i>		

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State	Name of Father listed on Birth Certificate		
<i>City</i>	<i>State</i>	<i>First Middle Last</i>		

Is there a child support or medical order(s) for the child/ren? ☐ Yes ☐ No

For which child/ren? \_\_\_\_\_

Name of person who is ordered to provide current or medical support: \_\_\_\_\_

Court Case Number \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Child \_\_\_\_\_

Court Case Number \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Child \_\_\_\_\_

If unable to provide a court case number, please provide county, state and date of court order (Month/Year):

Have you taken legal action to enforce payment? ☐ Yes ☐ No **If yes, type of action:**

Who filed the action? \_\_\_\_\_

Result of action? \_\_\_\_\_

Do you have an attorney? ☐ Yes ☐ No

Name and address of your attorney? \_\_\_\_\_

If there is no order already established, do you think the other person will be agreeable to signing a voluntary order? \_\_\_\_\_

**If there is a child support order, attach a copy of the order to this form.**

**Attach Birth Certificates for all children not born in Kansas.**

(Please provide the official birth certificate and not the certificate received from the hospital)

**CONTINUE TO SECTION TWO ON PAGE 4.**

**CHILD SUPPORT SERVICES**  
**CHILD SUPPORT QUESTIONNAIRE**  
**Section Two–Noncustodial Parent Information**

**Section Two Instructions:** Complete all questions in Section Two.  
**\*\*A separate form must be completed for each Noncustodial Parent.\*\***

1. Noncustodial parent's name: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
*First Middle Last*  
Noncustodial parent's other names (Alias, Maiden, Nicknames, etc.): \_\_\_\_\_
2. SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Approx age: \_\_\_\_\_  
*Month Day Year*  
Has the Noncustodial parent ever used a different SSN? ☐ Yes ☐ No ☐ Unknown  
**If yes, what is that number?** \_\_\_\_\_
3. Place of birth: \_\_\_\_\_ ☐ Unknown  
*City State or Country*
4. ☐ Current address: \_\_\_\_\_  
**OR** *Street City State Zip Code*  
☐ Last known mailing address: \_\_\_\_\_  
Date of address: \_\_\_\_\_ *Street City State Zip Code*  
Physical address: (If different than mailing address): \_\_\_\_\_  
*Street City State Zip Code*  
Telephone number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_
5. What is the Noncustodial parent's race?  
☐ American Indian/Alaskan Native ☐ Asian  
☐ Black/African American ☐ Hispanic  
☐ Pacific Islander ☐ White/Caucasian  
☐ Other \_\_\_\_\_
6. Physical description of Noncustodial parent:  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
Tattoos, scars and other physical traits: \_\_\_\_\_
7. Give the full maiden name of the Noncustodial Parent's mother: \_\_\_\_\_
8. Give the full name of the Noncustodial Parent's father: \_\_\_\_\_
9. Where does the Noncustodial Parent work? \_\_\_\_\_  
Employer address: \_\_\_\_\_  
*Street City State Zip Code*  
Telephone number: \_\_\_\_\_ Type of business: \_\_\_\_\_
10. Name of bank where Noncustodial Parent has a checking or savings account: \_\_\_\_\_  
\_\_\_\_\_  
*Street City State Zip Code*

11. Where is the last place you knew the Noncustodial Parent worked?

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone number: \_\_\_\_\_ Date of employment: \_\_\_\_\_

12. Is the Noncustodial Parent on Active Duty in the Military? ☐ Yes ☐ No

**If yes,** Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Duty Station/Unit: \_\_\_\_\_

13. Is the Noncustodial Parent in the National Guard or Reserves? ☐ Yes ☐ No ☐ Unknown ☐ Previously

**If yes,** Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Service: \_\_\_\_\_

14. Does the Noncustodial Parent have an attorney? ☐ Yes ☐ No ☐ Unknown

Name and address of attorney: \_\_\_\_\_

15. Has the Noncustodial Parent ever filed Bankruptcy? ☐ Yes ☐ No ☐ Unknown

**If yes,** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Case Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

16. Does the Noncustodial Parent have a driver's license? ☐ Yes ☐ No ☐ Unknown

**If yes,** in what state: \_\_\_\_\_

17. Reason for the Noncustodial Parent's absence: *(Please check all that apply)*

☐ I am not the parent of this child/ren and this question does not apply to me.

☐ Never married to the Noncustodial Parent and never resided together

☐ Never married to the Noncustodial Parent but we resided together

Dates resided together: \_\_\_\_\_

City and State where you resided together: \_\_\_\_\_

☐ Divorced Date of Divorce Decree: \_\_\_\_\_

☐ Filed for Legal Separation

☐ Filed for Divorce

☐ Married but separated from the Noncustodial Parent Date separated: \_\_\_\_\_

☐ In jail or prison State: \_\_\_\_\_

☐ Military Service

☐ Domestic violence

☐ Protection From Abuse Order Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

☐ Restraining Order Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

☐ Deceased Date: \_\_\_\_\_  
Month Day Year County State

**\*Attach Proof of Death (Example: Death Certificate, Obituary Notice,  
Name and Address of Funeral Home).**

☐ Other (Explain): \_\_\_\_\_

18. Has the Noncustodial Parent ever belonged to a Labor Union or Professional Group? ☐ Yes ☐ No  
☐ Unknown **If yes, name:** \_\_\_\_\_

19. Has the Noncustodial Parent ever been arrested, put on probation, sent to prison or paroled?

☐ Yes ☐ No ☐ Unknown      **If yes,** Date:\_\_\_\_\_ Charge:\_\_\_\_\_

Court (City/County/State)\_\_\_\_\_ Prison/Jail (City/County/State):\_\_\_\_\_

Name of Probation or Parole Officer:\_\_\_\_\_

20. Has the Noncustodial Parent ever attended a college, university or vocational school? ☐ Yes ☐ No  
☐ Unknown **If yes,** Name: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

21. Has the Noncustodial Parent of your child ever provided support for you or your child? ☐ Yes ☐ No  
**If yes**, type of support provided: \_\_\_\_\_  
 When did the Noncustodial Parent provide support: \_\_\_\_\_  
 Where did you live at the time the Noncustodial Parent provided support? \_\_\_\_\_

Street	City	State	Zip Code
Where did the Noncustodial Parent live at the time support was provided?			

Street City State Zip Code

22. Has the Noncustodial Parent ever made a promise in writing to support your child?

☐ Yes ☐ No **If yes, explain:** \_\_\_\_\_

23. Does the Noncustodial Parent have any other type of income? ☐ Yes ☐ No ☐ Unknown

**If yes**, please check the appropriate resources:

☐ Social Security / SSI or SSDI

☐ Self Employment Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Veteran's Benefits

☐ Military Retirement

☐ Worker's Compensation

☐ Unemployment

☐ Insurance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Housing or Travel Allowance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Trust Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Rental Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Other Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

24. If the Noncustodial Parent is deceased, do you receive Social Security benefits or other insurance benefits for the child? ☐ Yes ☐ No  
If yes, what is the amount: \$ \_\_\_\_\_ How Often: \_\_\_\_\_

25. If the Noncustodial Parent receives disability payments from the Social Security Administration, does the child receive Social Security benefits from the Noncustodial Parent's disability? ☐ Yes ☐ No  
If yes, the amount received: \_\_\_\_\_ Date child started receiving benefits: \_\_\_\_\_

26. Does the Noncustodial Parent own property (*Examples: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, land, business, tools, equipment, etc.*)? ☐ Yes ☐ No ☐ Unknown  
**If yes**, list and describe as best you can including tag numbers and location. Use back of form if additional space is needed:

27. Does the Noncustodial Parent have any other natural or adopted child/ren? ☐ Yes ☐ No ☐ Unknown  
If yes, list the child/ren's full names and ages and name of mother (if known):

28. Do any of the children listed in #27 live with the Noncustodial Parent? ☐ Yes ☐ No ☐ Unknown  
If yes, list the children's full names and ages:

29. Is the Noncustodial Parent ordered to pay child support for any other child/ren?  
☐ Yes ☐ No ☐ Unknown If yes, list full names, ages, amount and state where ordered:

30. List friends and family members the Noncustodial Parent is most likely to keep in touch with:

Name	Address	Telephone	Relationship to Noncustodial Parent

31. Has the Noncustodial Parent ever received Public Assistance? ☐ Yes ☐ No ☐ Unknown

If yes, Date:\_\_\_\_\_ City:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_

32. In an emergency, how do you get in touch with the Noncustodial Parent?\_\_\_\_\_

33. Who provides medical insurance for the child/ren?\_\_\_\_\_

What is his or her relationship to the child/ren?\_\_\_\_\_

Type of Medical Coverage:

☐ Private Insurance ☐ Tri-Care (military insurance) ☐ Medicaid ☐ Healthwave

Name of Insurance Company:\_\_\_\_\_

Address of Insurance Company:\_\_\_\_\_

Phone Number of Insurance Company:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Group Number:\_\_\_\_\_

Coverage Start Date:\_\_\_\_\_ Cost per Month: \$\_\_\_\_\_ Single: \$\_\_\_\_\_ Family:\$\_\_\_\_\_

List Persons Covered on Policy:\_\_\_\_\_

Types of Coverage: ☐ Medical ☐ Hospital ☐ Drug ☐ Vision ☐ Dental

Employer Name Insurance is through:\_\_\_\_\_

Employer Address:\_\_\_\_\_ Employer Telephone Number:\_\_\_\_\_

34. Do any of **your** child/ren listed have special medical needs? ☐ Yes ☐ No

If yes, explain:\_\_\_\_\_

35. List all the medical expenses resulting from the pregnancy and/or the birth of your child/ren that you have actually paid. (*Receipts of payments must be provided*):

A. Creditor (Doctor):\_\_\_\_\_ Amount:\_\_\_\_\_

B. Creditor (Hospital):\_\_\_\_\_ Amount:\_\_\_\_\_

C. Creditor (Pediatrician):\_\_\_\_\_ Amount:\_\_\_\_\_

D. Creditor (Other):\_\_\_\_\_ Amount:\_\_\_\_\_

36. How were the medical expenses paid?:\_\_\_\_\_

## MARRIAGE INFORMATION

Fill out the Marriage Information section only if you are the custodial parent of the child/ren.  
If you are a custodian and not the parent, continue on to Question 38 on page 9.

37. What is your current marital status? (check all that apply)

- ☐ Single  
☐ Never Married  
☐ Married  
☐ Married but Separated  
☐ Divorced  
☐ Widow/Widower

Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**List All Marriages:** (to Noncustodial Parent or Any Other Person)

**First Marriage:**

Spouse's name: \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
Month Day Year

Place of marriage: \_\_\_\_\_ Date marriage ended: \_\_\_\_\_  
City County State Month Day Year

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) \_\_\_\_\_

If Divorced or annulled: \_\_\_\_\_  
County State Court Order Number

**Second Marriage:**

Spouse's name: \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
Month Day Year

Place of marriage: \_\_\_\_\_ Date marriage ended: \_\_\_\_\_  
City County State Month Day Year

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) \_\_\_\_\_

If Divorced or annulled: \_\_\_\_\_  
County State Court Order Number

**Third Marriage:**

Spouse's name: \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
Month Day Year

Place of marriage: \_\_\_\_\_ Date marriage ended: \_\_\_\_\_  
City County State Month Day Year

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) \_\_\_\_\_

If Divorced or annulled: \_\_\_\_\_  
County State Court Order Number

**Please Use Back of Form if more Space Needed**



## DIRECT PAYMENTS

38. Use this space to record the month, year and amount of any child support and/or alimony payments you have received directly from the Noncustodial Parent that did not go through the court or payment center. Please specify if the direct payments were for child support or alimony.

If none, check here. ☐

You may also use this space to provide additional information, or you may attach additional sheets. Please give the page, section and number of the question you are answering when giving additional information.



**IF THERE IS NO CHILD SUPPORT ORDER FOR ANY OF THE CHILD/REN IN  
THIS CASE, PLEASE FILL OUT A SEPARATE SECTION THREE  
FOR EACH CHILD/REN STARTING ON PAGE 10.**

**IF A CHILD/REN SUPPORT ORDER EXISTS FOR ALL CHILD/REN,  
GO TO SECTION FOUR STARTING ON PAGE 12.**

**CHILD SUPPORT SERVICES**  
**PATERNITY QUESTIONNAIRE**  
**Section Three—Child/ren Information**

**Section Three Instructions:** Complete this section for EACH child  
needing a child support obligation established.

**Name of Noncustodial Parent:**\_\_\_\_\_

1. Child's name:\_\_\_\_\_ Date of birth:\_\_\_\_\_

2. Who is named as the child's father on the official state birth certificate?\_\_\_\_\_ ☐ No father named

3. In what city and state was the child conceived (Where did the mother become pregnant)?  
\_\_\_\_\_

4. Child's birth place: City:\_\_\_\_\_ State:\_\_\_\_\_

5. How long has the child lived in Kansas?\_\_\_\_\_

6. Has the above-named Noncustodial Parent (even if not named on the birth certificate) ever lived with this child in Kansas? ☐ Yes ☐ No

If no, has the Noncustodial Parent ever visited the child? ☐ Yes ☐ No

Length of visit(s):\_\_\_\_\_

7. Please Check and Complete all true statements:

☐ I am a guardian of the child and not a parent of the child (*if you mark this line, proceed to question 11*)

☐ I was married to the Noncustodial Parent:

☐ When the child was born

☐ When the child was conceived

☐ After the child was conceived but before the child was born

☐ After the child was born

☐ I attempted to marry the Noncustodial Parent but it was later annulled. Explain why you believe the marriage is not valid:\_\_\_\_\_

**If you marked any of the above, please state the date of marriage or attempted marriage:**

Month:\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_

Place of marriage: City:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_

☐ I was not married to the Noncustodial Parent:

☐ We lived together Date: From:\_\_\_\_\_ To:\_\_\_\_\_

☐ We never lived together

☐ Child was adopted Date of adoption:\_\_\_\_\_ State of adoption:\_\_\_\_\_

☐ Other (Explain):\_\_\_\_\_

8. Did you and the Noncustodial Parent consider yourselves to have a common law marriage while living in Kansas? ☐ Yes ☐ No

9. Were you married to anyone other than the Noncustodial Parent within one year before the child was born? ☐ Yes ☐ No

**If yes,** name of spouse:\_\_\_\_\_ Date of marriage:\_\_\_\_\_

Date of divorce:\_\_\_\_\_

Place of divorce: City:\_\_\_\_\_ County:\_\_\_\_\_ State:\_\_\_\_\_

## PATERNITY INFORMATION

**Complete this page for each child that needs paternity established.**

10. Has the mother, the child and the Noncustodial Parent ever had paternity testing? ☐ Yes ☐ No

If yes, when: \_\_\_\_\_ Where were the tests done?: \_\_\_\_\_

Results of the tests: \_\_\_\_\_ *Please attach a copy of the genetic test results*

11. What was the date the doctor said the child was due? \_\_\_\_\_

What was the weight of the child when he/she was born? \_\_\_\_\_

12. Who do you think the father is and why? \_\_\_\_\_

13. Did the Noncustodial Parent admit he was the father of the child? ☐ Yes ☐ No

If yes, ☐ Verbal or ☐ Written When: \_\_\_\_\_ Where: \_\_\_\_\_

Month Day Year

City State

14. **Complete this question only if you are the child's mother and *sign below*.** Who did you have sex with 30 days before **and** 30 days after you became pregnant? (Be sure to include the Noncustodial Parent named on page 1.)

A. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of sexual intercourse: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you tell him you were pregnant? ☐ Yes ☐ No Date: \_\_\_\_\_

B. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of sexual intercourse: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you tell him you were pregnant? ☐ Yes ☐ No Date: \_\_\_\_\_

C. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of sexual intercourse: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you tell him you were pregnant? ☐ Yes ☐ No Date: \_\_\_\_\_

D. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of sexual intercourse: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you tell him you were pregnant? ☐ Yes ☐ No Date: \_\_\_\_\_

E. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of sexual intercourse: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you tell him you were pregnant? ☐ Yes ☐ No Date: \_\_\_\_\_

If additional space is needed, please check here ☐ and complete information on the back of this form.

**I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given to question 14 are true and correct.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## **CHILD SUPPORT SERVICES**

### **Section Four–Legal Rights and Duties**

**Section Four Instructions:** Read this section and sign on the last page.  
If you have questions, please ask a worker at your local DCF office.

The following are important things you need to know about the CSS Program and your Legal Rights and Duties.

#### **Assignment of Support Rights:**

1. When you sign the Application for Services, you turn over your rights to past, present and future support to the Secretary of DCF. This lets CSS act for you and do the work that is needed for your case.
2. Signing the application gives the Secretary of DCF the legal power to endorse support checks while your CSS case is open. This allows the State to handle and process the support payments quickly.
3. Everyone receiving CSS services assigns support rights in this way. If you have never received Public Assistance (TANF, for example), DCF will not keep support payments.
4. If you are receiving TANF benefits, or your child is in Foster Care, DCF will keep the support payments until your TANF case closes. After the TANF or Foster Care closes, payments for current support (the amount due that month) will go to you, but DCF may keep payments for past due support.

#### **Fee for CSS Services:**

1. There is a fee for CSS Services.
2. The fee is not charged while you are receiving TANF Benefits, Child Care, Medicaid or Food Assistance from DCF.
3. The basic fee is 4% of support that is collected for you (\$4.00 of every \$100.00).
4. When the fee applies, CSS will deduct it from the support payment before the payment is sent to you.
5. If your case needs services from the child support program in another state, that state may also charge fees. If they do, they will deduct their fee from the support payment before it is sent to Kansas.
6. CSS will not charge you an application fee just for opening a CSS case.

#### **No Attorney - Client Relationship:**

1. The attorneys who work for the CSS Program work only for the Secretary of DCF.
2. Even if you benefit from their work, they DO NOT represent you.
3. They CANNOT give you legal advice.
4. They CANNOT do any legal work on your case that goes beyond CSS Services.
5. The role of the CSS Attorney in child support cases is to act in the public interest to make sure parents, not the State, are the ones that support their child/ren.
6. Any legal action that is taken is at the discretion of the CSS Attorney.
7. If the other parent raises issues that are beyond CSS Services, including Visitation or Custody, you will need to talk with a lawyer of your own choosing to protect your rights or for personal legal advice. If you do not have a lawyer and you want one, you may call the Kansas Bar Association Lawyer Referral Service at 1-800-928-3111. A Kansas Legal Services Office may also be able to help you.

**Use of Information:**

1. Federal and state laws require CSS to protect private information you give CSS. Those laws also require CSS to use and share it. If you are afraid that our use of confidential information will cause harm to you or your child, talk with your CSS worker immediately.
2. Information you give the CSS Program or a CSS Attorney could be used if DCF needs to take action against you. For example, CSS may have to use information you give to enforce a child support order against you if a child leaves your home or if you keep child support that belongs to DCF.
3. When CSS has confidential information about the Noncustodial Parent, state or federal law may keep CSS from sharing that information with you.

**Misdirected Payments:**

1. If you receive support money you are not supposed to get, you must return that money to DCF (even if DCF made the mistake).
2. If you do not return it, administrative or legal action can be taken against you to recover the money.
3. Your signature on this document means you agree to allow CSS to recover the money out of future support payments.

**Limited CSS Services for Judgment Interest:**

1. If there is unpaid child support owed, the law where the order was issued may let you collect Judgment Interest from the debtor.
2. CSS **will not** calculate the total amount of interest that is due or ask the court to figure it for you.
3. If you have an order that states the total amount of interest due from the debtor, CSS will enforce and collect that interest along with the unpaid support.
4. You will need to talk with a lawyer of your own choosing if you are interested in getting this kind of an order.
5. Money CSS collects in your case will be counted toward judgment interest after all past due support is paid in full.

You may have other legal rights and duties involving your child or CSS Services. You will need to talk with a private lawyer (one who does not work for the CSS Program) to protect those rights for personal legal advice. The laws and rules that control the CSS Program change from time to time. You may request a new copy of the [Handbook for CSS Customers](#) anytime. Once in a while, it is a good idea to ask your CSS worker whether your copy of the handbook is up to date.

**Customer's Responsibilities:**

I understand that to be eligible for Cash Assistance, Medical Assistance or Child Care Assistance I must cooperate with the CSS Program. As a participant in the CSS Program, I am responsible for:

1. Keeping CSS up to date with correct information about myself and the Noncustodial Parent, including new addresses and phone numbers, as well as, providing any other requested information or attesting to the lack of information under Penalty of Perjury.
2. Telling CSS immediately if a private attorney has been obtained for any domestic action including child custody and child support issues.
3. Telling CSS in writing if I want my case closed.
4. Turning into the CSS office immediately upon receipt any assigned child support, alimony or medical payments received directly from the Noncustodial Parent or from anyone on behalf of the Noncustodial Parent. This includes any payments that the court may send to me after I have been approved for cash assistance. Intentionally keeping support payments belonging to DCF could result in theft charges being filed against you.

5. Assisting in identifying and locating the Noncustodial Parent's address and employment.
6. Attending as a witness when needed at any court or administrative procedure.
7. Cooperating with the CSS Program and its staff.

**CSS Program Responsibilities:**

It is only fair for you to know the limitations of the CSS Program:

1. We cannot promise results.
2. While your CSS case is open, CSS staff will determine the appropriate procedures for your case and what priority it can have compared with other cases.
3. If your support is paid through a Court Trustee's Office, closing your CSS case does not close the Court Trustee case.
4. Although we would like to be able to, we can't call or write you regularly about your case. We will contact you when anything important happens or if more information is needed. You may contact your DCF Service Center at any time for a case update.

I have read the notices contained in Section Four of this form. My signature below authorizes the CSS office to get certified copies of my child's birth certificate if the certificate is needed in the administration of the CSS Program. I understand that each person who receives assistance must provide or apply for a Social Security number. I authorize the use of these Social Security numbers for such purposes as identification, program reviews, or audits and computer matching with other agencies and institutions, both public and private.

I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given in this questionnaire are true and correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Sign this form and return it to your local DCF office or submit via email to [cssapplications@dcf.ks.gov](mailto:cssapplications@dcf.ks.gov)

